



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

10/2

<b>DOCUMENT # 738725</b> 1. Entity Name <b>WITHLACOOCHEE-GULF AREA CHAMBER OF COMMERCE, INC.</b>						<b>FILED</b> 08 SEP 16 PM 3:43 TALLAHASSEE, FLORIDA	
Principal Place of Business 167 HIGHWAY 40 W INGLIS, FL 34449 US				Mailing Address P.O. BOX 427 INGLIS, FL 34449 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				09112008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>59-1873186</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PRICE, SARA W</b> <b>1 FIDDLER KEY</b> <b>YANKEETOWN, FL 34498</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE, SARA W			NAME	<b>400135972954</b> <b>09/16/08--01032--005 **61.25</b>		
STREET ADDRESS	1 FIDDLER KEY			STREET ADDRESS			
CITY-ST-ZIP	YANKEETOWN, FL 34498			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUBRIGI, RICHARD R			NAME			
STREET ADDRESS	304 SAPP STREET			STREET ADDRESS			
CITY-ST-ZIP	INGLIS, FL 34449			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAMOND, DARRYL			NAME	<b>VP</b> <b>DAY, EDWIN</b> <b>649 HWY 40W INGLIS FL 34449</b>		
STREET ADDRESS	20165 SE 115 AVE			STREET ADDRESS			
CITY-ST-ZIP	INGLIS, FL 34449			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEASLEY, DAWN			NAME			
STREET ADDRESS	11750 SE 196TH LN			STREET ADDRESS			
CITY-ST-ZIP	INGLIS, FL 34449			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHARES, RAY			NAME	<b>DREW, MARSHA</b> <b>6 MAGNOLIA AVE</b> <b>YANKEETOWN FL 34498</b>		
STREET ADDRESS	14 HICKORY AVE.			STREET ADDRESS			
CITY-ST-ZIP	YANKEETOWN, FL 34498			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <u>Sara Price</u>				9-10-08 352 302-8556			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

9/16/08